

06/28/01

06-29-01

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DATE OF DEPOSIT: 06/28/2001

06/28/01  
jcs60 U.S. PTO

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PTO/SB/05 (03-01)  
Approved for use through 10/31/2002. OMB 0651-0033

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 214001-00810-1  
First Inventor William R. Wagner  
Title LOCALIZED DELIVERY TO A TARGET SURFACE  
Express Mail Label No. EK473576038US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
- ☒ Specification [Total Pages 16]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 8]
- Oath or Declaration [Total Pages ]
  - ☐ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 CFR 1.63 (d))  
*(for continuation/divisional with Box 18 completed)*
    - ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
- ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

## ACCOMPANYING APPLICATION PARTS

- ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - ☐ CD-ROM or CD-R (2 copies); or
    - ☐ paper
  - ☐ Statements verifying identity of above copies
- ☐ Assignment Papers (cover sheet & document(s))
- ☐ 37 CFR 3.73(b) Statement of Power of Attorney  
*(when there is an assignee)*
- ☐ English Translation Document (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
- ☐ Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
- ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_  
Prior application information Examiner \_\_\_\_\_ Group Art Unit \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	003705 <i>(Insert Customer No. or Attach bar code label here)</i>	or	<input type="checkbox"/> Correspondence address below
Name	Debra Z. Anderson		
Address	Eckert Seamans Cherin & Mellott, LLC 600 Grant Street - 44th Floor		
City	Pittsburgh	State	PA
Zip Code	15219		
Country	US	Telephone	412.566.1910
Fax	412.566.6099		

Name (Print/Type)	Debra Z. Anderson	Registration No. (Attorney/Agent)	44,506
Signature	<i>Debra Z. Anderson</i>	Date	6/28/01

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision

**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	William R. Wagner
Examiner Name	
Group Art Unit	
Attorney Docket No.	214001-00810-1

TOTAL AMOUNT OF PAYMENT (\$)

373.00

**METHOD OF PAYMENT**

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to.

Deposit  
Account  
Number

02-2556

Deposit  
Account  
Name

Eckert Seamans Cherin &amp; Mellott

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status
- 
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

- ☒
- Check
- ☐
- Credit card
- ☐
- Money
- 
- Order
- ☐
- Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description	Fee Paid
101	710	201	355		Utility filing fee	355.00
106	320	206	160		Design filing fee	
107	490	207	245		Plant filing fee	
108	710	208	355		Reissue filing fee	
114	150	214	75		Provisional filing fee	

SUBTOTAL (1) (\$)

355.00

**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
22	-20** = 2	9	18.00
3	-3** = 0	40	0.00
Multiple Dependent			

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description	Fee Paid
103	18	203	9		Claims in excess of 20	
102	80	202	40		Independent claims in excess of 3	
104	270	204	135		Multiple dependent claim, if not paid	
109	80	209	40		** Reissue independent claims over original patent	
110	18	210	9		** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

18.00

\*\*or number previously paid, if greater, For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	130	123	130	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0.00

**SUBMITTED BY**

Name (Print/Type) Debra Z. Anderson

Registration No  
(Attorney/Agent)

44,506

**Complete (if applicable)**

Telephone 412.566-1910

Signature

Debra Z. Anderson

Date 6-26-2001

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PTO/SB/17 (11-00)